I N	Agenc	y Name		VSTON-SALEN	DLICE] IN	INCIDENT/INVESTIGATION							OCA 2439874					
C	ORI	NC				REPORT							Date / Time Reported SM W TFS Month Day Yr Time						
D E			NC 034		☐ Att At Found SMIWTFS Month Day Yr Time							TFS	In los 2024 II:16 Hrs. Last Known Secure S M = W T F S Month Day Yr Time						
N T	#1			Missing Pe	rson			ı —	Com	Month 11				ime :16 Hrs			ay Yr 🗀	Time 11:15 Hrs.	
D	#2	Crime I	ncident		ı —	Att Location of Incident Offense T									Offense Tract				
A T	#3	Crime I	ncident					_	☐ Com 1995 Hampton Inn Ct, Winston ☐ Att Premise Type						saien	Salem NC 27103 322 Victim Residence Type			
A							Com							☐ Single Family ☐ Multi Family					
МО			d or Com MITTEE											Forcible Yes	Weapon / Tools				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major Wes No NA															_			
I C		Victim/		Name (Last, First,	,		Victim of Do					3 / Age 30	Race	Sex	Relationship	Resident Status			
T	V1 DATA OMITTED									Crime #					117		To Offender	☐ Resident ☐ Non-Resident	
I M	Home Address									1,					W	F Hom	ne Phone	Unknown	
	Employer Name/Address DATA O								1ITTED										
	Emplo	oyer Na	ıme/Addı	ress	ATA OMI	'A OMITTED							Business Phone						
'	VYR	M	ake	Model	Styl	le	Color		Lic	/Lis				Vin					
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered frecovered for other	D = D r juris	amaged diction)	Z = Seized	B =	Burn	ed C = 0	Counte	rfeit / F	orged	F = Found	i 				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		erial Number	
- P - R _		 											DA	TA OMITTED FOR					
																	IN	FORMATION	
																		SECURITY	
O P					+													PURPOSES	
E - R					+												ON	ILY THE FIRST	
T																	TWEL	VE PROPERTY	
Y																		ITEMS ARE	
					\perp													ISPLAYED ON 2C REPORTS	
-																	1	2C KEI OKIS	
			ehicles S			ber Vehic	cles Recovere		0										
ID	Office:	r LER	A. E. (.	ID 16368)	#		Officer Sig	Officer Signature Supervisor Signature MCKAUGHAN, A. M. (14884)											
ıν			Signature		Case Status	,							MCKAUGHAN, A. M. (14004)						
Status	-						☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red			Unfound Cleared Cleared	ded by Ar by Ar	Locarest rest by Ano	Refuse ther Ag	ency	ooperate	Page 1	